

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2017Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
 ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor JONATHAN T BARAM		Social security number (SSN) XXX-XX-XXXX
A Principal business or profession, including product or service (see instructions) [REDACTED]		B Enter code from instructions [REDACTED]
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) 3100 COLLINS AVENUE APT 1605 City, town or post office, state, and ZIP code MIAMI BEACH, FL 33140		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2017, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	[REDACTED]
2 Returns and allowances	2	[REDACTED]
3 Subtract line 2 from line 1	3	[REDACTED]
4 Cost of goods sold (from line 42)	4	[REDACTED]
5 Gross profit. Subtract line 4 from line 3	5	[REDACTED]
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	[REDACTED]
7 Gross income. Add lines 5 and 6	7	[REDACTED]

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	149	18 Office expense (see instructions)	18	[REDACTED]
9 Car and truck expenses (see instructions)	9	7,195	19 Pension and profit-sharing plans	19	[REDACTED]
10 Commissions and fees	10	745	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	[REDACTED]
12 Depletion	12		b Other business property	20b	[REDACTED]
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	[REDACTED]
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	[REDACTED]
15 Insurance (other than health)	15		23 Taxes and licenses	23	[REDACTED]
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	[REDACTED]
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	[REDACTED]
17 Legal and professional services	17		25 Utilities	25	[REDACTED]
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	[REDACTED]	26 Wages (less employment credits)	26	[REDACTED]
29 Tentative profit or (loss). Subtract line 28 from line 7	29	[REDACTED]	27a Other expenses (from line 48)	27a	[REDACTED]
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	[REDACTED]	b Reserved for future use	27b	[REDACTED]
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	[REDACTED]			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

Form	1040 Department of the Treasury - Internal Revenue Service	(99)	2017	OMB No. 1545-0074	IRS Use Only-Do not write or staple in this space.																								
For the year Jan. 1-Dec. 31, 2017, or other tax year beginning , 2017, ending , 20																													
Your first name and initial JONATHAN T			Last name BARAM		See separate instructions.																								
If a joint return, spouse's first name and initial			Last name		Your social security number XXX XX XXXX																								
					Spouse's social security number																								
Home address (number and street). If you have a P.O. box, see instructions. 3100 COLLINS AVENUE				Apt. no. 1605	Make sure the SSN(s) above and on line 6c are correct.																								
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MIAMI BEACH FL 33140				Foreign postal code																									
Foreign country name			Foreign province/state/county		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																								
Filing Status	1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.																												
	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.																												
	5 <input type="checkbox"/> Qualifying widow(er) (see instructions)																												
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a																												
	b <input type="checkbox"/> Spouse																												
	c Dependents: <table border="1" style="width:100%; border-collapse: collapse; font-size: 8pt;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) Chk if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table>					(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>				
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)																									
				<input type="checkbox"/>																									
				<input type="checkbox"/>																									
				<input type="checkbox"/>																									
				<input type="checkbox"/>																									
d Total number of exemptions claimed					Boxes checked on 6a and 6b No. of children on 6c who: <input checked="" type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above																								
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2				7																								
	8a Taxable interest. Attach Schedule B if required				8a																								
	b Tax-exempt interest. Do not include on line 8a				8b																								
	9a Ordinary dividends. Attach Schedule B if required				9a																								
	b Qualified dividends				9b																								
	10 Taxable refunds, credits, or offsets of state and local income taxes				10																								
	11 Alimony received				11																								
	12 Business income or (loss). Attach Schedule C or C-EZ				12																								
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here				13																								
	14 Other gains or (losses). Attach Form 4797				14																								
	15a IRA distributions		b Taxable amount		15b																								
	16a Pensions and annuities		b Taxable amount		16b																								
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				17																								
	18 Farm income or (loss). Attach Schedule F				18																								
	19 Unemployment compensation				19																								
20a Social security benefits		b Taxable amount		20b																									
21 Other income				21																									
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income				22																									
Adjusted Gross Income	23 Educator expenses				23																								
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ				24																								
	25 Health savings account deduction. Attach Form 8889				25																								
	26 Moving expenses. Attach Form 3903				26																								
	27 Deductible part of self-employment tax. Attach Schedule SE				27																								
	28 Self-employed SEP, SIMPLE, and qualified plans				28																								
	29 Self-employed health insurance deduction				29																								
	30 Penalty on early withdrawal of savings				30																								
	31a Alimony paid		b Recipient's SSN		31a																								
	32 IRA deduction				32																								
	33 Student loan interest deduction				33																								
	34 Tuition and fees. Attach Form 8917				34																								
	35 Domestic production activities deduction. Attach Form 8903				35																								
	36 Add lines 23 through 35				36																								
	37 Subtract line 36 from line 22. This is your adjusted gross income				37																								

#1

**SCHEDULE C
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
 ▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018Attachment
Sequence No. **09**

Name of proprietor JONATHAN T BARAM		Social security number (SSN) 084-54-6916
A Principal business or profession, including product or service (see instructions) TAXI & RIDE SHARING SERVICES		B Enter code from instructions ▶ 4853-0
C Business name. If no separate business name, leave blank.		D Employer ID no. (EIN) (see instr.)
E Business address (including suite or room no.) ▶ 65 WASHINGTON AVENUE APT 6 City, town or post office, state, and ZIP code MIAMI BEACH FL 33139		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2018, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	21,348
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	21,348
4 Cost of goods sold (from line 42)	4	0
5 Gross profit. Subtract line 4 from line 3	5	21,348
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	110
7 Gross income. Add lines 5 and 6	7	21,458

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	149	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	10,205	19 Pension & profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	21,293	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	165	27a Other expenses (from line 48)	27a	0,930
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).	30	0	27b Reserved for future use	27b	
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0			
31 Net profit or (loss). Subtract line 30 from line 29.	31	165			
• If a profit, enter on both Sch 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.					
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.	32a	<input type="checkbox"/> All investment is at risk.			
• If you checked 32b, you must attach Form 6198. Your loss may be limited.	32b	<input type="checkbox"/> Some investment is not at risk.			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2018

a Employee's social security number [REDACTED]		OMB No. 1545-0008				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) 45-1234567		1 Wages, tips, other compensation [REDACTED]		2 Federal income tax withheld [REDACTED]			
c Employer's name, address, and ZIP code MANAGER 205 LLC 205 Collins Ave Miami Beach FL 33139		3 Social security wages [REDACTED]		4 Social security tax withheld [REDACTED]			
		5 Medicare wages and tips [REDACTED]		6 Medicare tax withheld [REDACTED]			
		7 Social security tips [REDACTED]		8 Allocated tips 0			
d Control number [REDACTED]		9 [REDACTED]		10 Dependent care benefits 0			
e Employee's first name and initial Last name Jonathan Baram		Suff. 0		11 Nonqualified plans 0		12a See instructions for box 12 C o d e	
65 Washington Ave Miami Beach FL 33139		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e			
		14 Other		12c C o d e			
				12d C o d e			
f Employee's address and ZIP code							
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2 Wage and Tax Statement**
Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

2019

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use

[Handwritten signatures and stamps]